

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039443

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 700

Primary Registration District No. _____

Registrar's No. 168

FILED NOV 13 1962

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>La Plata</u>		Length of stay in lb <u>7 years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lizzie</u> Middle <u>Felix</u> Last <u>Douglass</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>20</u> Year <u>1962</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9 Sept 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no sewing</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Shelby County</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Sol Howerton</u>		13b. MOTHER'S MAIDEN NAME <u>Betty King</u>	
14. NAME OF HUSBAND OR WIFE <u>Cyrus Otha Douglass</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. W. A. Coons</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>10 yrs.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>La Plata, Mo.</u>		COUNTY <u>Knox</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>Jan. 15, 1956</u> to <u>Oct. 20, 1962</u> and last saw her alive on <u>Oct. 20, 1962</u> . Death occurred <u>Oct. 20, 1962</u> <u>3:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Harold H. Phelps D.D.</u>	
22b. ADDRESS <u>La Plata, Mo.</u>		22c. DATE SIGNED <u>10-20-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>23 Oct 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Locust Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Knox County, Mo</u>	
24. FUNERAL DIRECTOR <u>HUDSON-RIMMER FUNERAL HOMES Edina, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10/25/62</u>	
25. REGISTRAR'S SIGNATURE <u>Edith M. Keely</u>			

(Licensed Embalmer's Statement on Reverse Side)

NOV 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Jerry L. Davis, Student Embalmer No. 666

working under my personal supervision.

Student Jerry L. Davis
Signature of Student Embalmer

Signed

A. J. Rimmer

Licensed Embalmer No.

5041

P. O. Address

Edina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.